

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS
 () Original () Supplemental () Substitute (X) PCT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: vaccine comprising antigens bound to carriers through labile bonds

which is described and claimed in:

() the attached specification, or
 (X) the specification in the application Serial No. 09/214,009 filed 23 December 1998 ;
 and with amendments through _____ (if applicable);
 (X) the specification in International Application No. PCT/NL97/00354 filed 24 June 1997 , and as amended on _____ (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED
Europe	<u>96201766.1</u>	<u>25 June 1996</u>	(X) YES () NO
			() YES () NO
			() YES () NO
			() YES () NO
			() YES () NO
			() YES () NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

SERIAL NO.	U.S. FILING DATE	STATUS
		() Patented () Pending () Abandoned
		() Patented () Pending () Abandoned
a named inventor I hereby appoint: P.T.O.		() Patented () Pending () Abandoned

my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection herewith. Direct all correspondence to: TRASK, BRITT, USPTO, 525 South 300 East, P.O. Box 2550, Salt Lake City, Utah 84110, U.S.A. Please direct all telephone calls to: 801-532-1922.

FULL NAME OF 1ST INVENTOR	FAMILY NAME <u>Beekman</u>	FIRST GIVEN NAME <u>Nico</u>	SECOND GIVEN NAME <u>Johannes, Christiaan, Maria</u>	
RESIDENCE & CITIZENSHIP	CITY <u>Zwolle</u>	STATE OR COUNTRY <u>NLX</u> the Netherlands	COUNTRY OF CITIZENSHIP the Netherlands	
POST OFFICE ADDRESS	ADDRESS <u>Splijthoffkamp 43</u>	CITY <u>Zwolle</u>	STATE OR COUNTRY the Netherlands	ZIP CODE <u>8014 GL</u>
FULL NAME OF 2ND INVENTOR	FAMILY NAME <u>Schaaper</u>	FIRST GIVEN NAME <u>Wilhelmus</u>	SECOND GIVEN NAME <u>Martinus, Maria</u>	
RESIDENCE & CITIZENSHIP	CITY <u>Almere</u>	STATE OR COUNTRY <u>NLX</u> the Netherlands	COUNTRY OF CITIZENSHIP the Netherlands	
POST OFFICE ADDRESS	ADDRESS <u>De Specerij 70</u>	CITY <u>Almere</u>	STATE OR COUNTRY the Netherlands	ZIP CODE <u>1313 NJ</u>
FULL NAME OF 3RD INVENTOR	FAMILY NAME <u>Dalsgaard</u>	FIRST GIVEN NAME <u>Kristian</u>	SECOND GIVEN NAME	
RESIDENCE & CITIZENSHIP	CITY <u>Kalvehave</u>	STATE OR COUNTRY <u>DKX</u> Denmark	COUNTRY OF CITIZENSHIP Denmark	
POST OFFICE ADDRESS	ADDRESS <u>Ny Vordingborgvej 80</u>	CITY <u>Kalvehave</u>	STATE OR COUNTRY Denmark	ZIP CODE <u>4771</u>
FULL NAME OF 4TH INVENTOR	FAMILY NAME <u>Meloen</u>	FIRST GIVEN NAME <u>Robert</u>	SECOND GIVEN NAME <u>Hans</u>	
RESIDENCE & CITIZENSHIP	CITY <u>Lelystad</u>	STATE OR COUNTRY <u>NLX</u> the Netherlands	COUNTRY OF CITIZENSHIP the Netherlands	
POST OFFICE ADDRESS	ADDRESS <u>Karveel 10-04</u>	CITY <u>Lelystad</u>	STATE OR COUNTRY the Netherlands	ZIP CODE <u>8231 AP</u>
FULL NAME OF 5TH INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
FULL NAME OF 6TH INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

I further declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1st Inventor Beekman Date 5 February 1999
 2nd Inventor Schaaper Date 5 February 1999
 3rd Inventor Dalsgaard Date 5 February 1999
 4th Inventor Meloen Date 5 February 1999
 5th Inventor _____ Date _____
 6th Inventor _____ Date _____

Applicant or Patentee: N.J.C.M. Beekman et al. Docket No. _____
 Serial or Patent No.: 09/214,009
 Filed or Issued: 23 December 1998
 For: Vaccine comprising antigens bound to carriers through labile bonds

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: Stichting Instituut voor Dierhouderij en Diergezondheid
 ADDRESS OF ORGANIZATION: Edelhertweg 15, 8219 PH Lelystad, the Netherlands

TYPE OF ORGANIZATION

UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
 TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE [26 USC 501(a) and 501(c) (3)]
 NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OR THE UNITED STATES OF AMERICA

(NAME OF STATE _____)
 (CITATION OF STATUTE _____)

WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE [26 USC 501(a) and 501(c) (3)] IF LOCATED IN THE UNITED STATES OF AMERICA
 WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
 (NAME OF STATE _____)
 (CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) or (b) of Title 35, United States Code with regard to the invention entitled Vaccine comprising antigens bound to carriers through labile bonds

By inventor(s) N.J.C.M. Beekman, W.M.M. Schaaper, K. Dalsgaard & R.H. Meloen

described in

the specification filed herewith
 application serial no. 09/214,009, filed 23 December 1998
 Patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

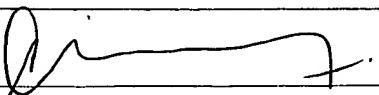
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)]

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 USC §1001, and may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING C.J.G. Wensing

TITLE IN ORGANIZATION General director

ADDRESS OF PERSON SIGNING Edelhertweg 15, 8219 PH Lelystad, the Netherlands

SIGNATURE 

DATE 5 February 1999